

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	<b>10/696,780</b>
	<b>Filing Date</b>	<b>October 28, 2003</b>
	<b>First Named Inventor</b>	<b>Dinan S. Gunawardena</b>
	<b>Group Art Unit</b>	<b>2441</b>
	<b>Confirmation Number</b>	<b>7941</b>
<input type="checkbox"/> Sent via Express Mail Label No.:	<b>Examiner Name</b>	<b>Luu, Le Hien</b>
	<b>Attorney Docket Number</b>	<b>304969.02</b>

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> <b>Amendment / Reply (20 pages)</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (    pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (    sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (    pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (    pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) <i>(please identify              below):</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50- 0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT					
Signature	/Nathan M. Rau/		Reg. No.	45,466	
Name of Attorney or Agent		Nathan M. Rau			
Date	June 4, 2009	Tel.	(425) 706-6882	Facsimile No.	(425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052			
Customer Number:		22971			